



## STATE PRACTICE TRANSFORMATION LEARNING COMMUNITY: ADAPTING THE NORTH CAROLINA EXPERIENCE

### REQUEST FOR APPLICATIONS FOR TECHNICAL ASSISTANCE FROM STATE-LEVEL, MULTI-SECTOR COALITIONS

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With support from the Agency for Healthcare Research and Quality (AHRQ) and in collaboration with the University of North Carolina (UNC) - Chapel Hill, The National Academy for State Health Policy (NASHP) is excited to announce the **State Practice Transformation Learning Community**. This is a wonderful opportunity for state coalitions with interest in primary care practice transformation initiatives to join peers in a Learning Community to share and challenge each other to accomplish goals that strengthen the capacity of transformed primary care practices to engage in continuous quality improvement.

With this Request for Applications, NASHP will select coalitions in three states to adapt North Carolina's model of primary care transformation to their own. Participating states will learn proven strategies for advancing transformation. Each selected coalition will receive a package of technical assistance over 15 months to help you accomplish your goals. As a member of the Learning Community, you will have access to state and national experts and NASHP staff.

We seek applications for participation from state-level, multi-sector coalitions that are firmly committed to advancing policy and practice changes. These state-level coalitions with interest in implementing a new or refining an existing primary care practice transformation initiative will be able to show (1) plans for achieving key practice transformation strategies, and (2) how their initiative will benefit from technical assistance from the Learning Community.

### ***The Opportunity for IMPaCT***

Through the Infrastructure for Maintaining Primary Care Transformation (IMPaCT) initiative, AHRQ is fostering the advancement and evaluation of leading state-level primary care practice support efforts that may become models for a potential national primary care extension service. IMPaCT supports and expands existing state-level, multi-sector efforts to transform primary care practices and to develop sustainable infrastructure for quality improvement in primary care practices. A multi-sector coalition in North Carolina was awarded funding through IMPaCT. As part of IMPaCT, NASHP leads the national dissemination of lessons learned from North Carolina's practice transformation, including this **State Practice Transformation Learning Community**.

North Carolina has created a nationally recognized program of primary care redesign and ongoing improvement that serves as a model for aligned state-level, multi-sector

practice support. North Carolina's groundbreaking primary care practice transformation has, at its core, a medical home model that was implemented through Community Care of North Carolina (CCNC) over a decade ago. New systems components have been incrementally added to implement the chronic care model, on-site practice coaching programs, meaningful use of EHRs, and the Multi-Payer Advanced Primary Care demonstration. Collaboration with the North Carolina Area Health Education Centers (NCAHEC) has advanced the model of regional improvement networks for intensive transformation and ongoing quality improvement. Other states can adopt individual components of North Carolina's system, follow North Carolina's approach of layering these components to maximize impact, and model the leadership role of the North Carolina Healthcare Quality Alliance, the multi-sector, state-level coalition that has helped critical stakeholders achieve consensus on a unified path for quality improvement.

This Learning Community will enable coalitions in three states to adopt or adapt North Carolina's model.

### ***What's in it for State Coalitions?***

Each state-level coalition will receive individual and group technical assistance targeted to help it implement a practice transformation initiative. This will consist of two central components: 1) participation in an in-person kick-off meeting and site visit to North Carolina (described in the next section), and 2) membership in a learning network, which will include the following:

- Support in the development of an implementation plan;
- Peer-to-peer learning through a listserv and scheduled mentoring calls with coalition members from North Carolina and the three Learning Community states;
- Individual check-in calls to identify technical assistance needs;
- Formal training;
- Written reports that synthesize key elements of North Carolina's initiatives; and
- The opportunity to share lessons learned via a national webcast.

### **Kick-off meeting and North Carolina site visit**

Learning Community states will participate in a two-day in-person meeting in Spring 2012 in North Carolina to launch the start of technical assistance. Learning Community members will participate in a day of formal training, including interactive dialogue with a range of leaders in North Carolina who had key roles in shaping the state's practice transformation. The training will focus on four areas:

- The health policy goals the North Carolina initiative was designed to achieve;
- The substantive and clinical aspects of the change;
- Implementation challenges; and

- The leadership roles required to adopt the transformation.

To complement this training, adoption state team members will be paired up with mentor counterparts from North Carolina during a daylong site visit.

Sessions for the kick-off meeting will be organized to allow teams to learn more about adopting and adapting initiatives to transform primary care practice for continuous quality improvement. Learning Community members will also have time to meet as teams and discuss how to apply newly learned information to their state-level efforts. Invited experts and NASHP staff will serve as resources to team discussions.

By the end of the kick-off meeting, participants will have:

- Formulated work plans for adopting or adapting a primary care practice transformation initiative for continuous quality improvement.
- Exchanged ideas and experiences with other North Carolina and Learning Community members about how to reach common goals and overcome barriers.
- Obtained technical assistance from experts to address key issues.

## ***Conditions of Participation***

With the support of AHRQ, NASHP plans to commit time and resources to each Learning Community state team. In return, we expect each team to commit to implementing or improving their own initiative and helping us advance the field more broadly. Specifically, each Learning Community team will be expected to:

- Make any needed revisions to its work plan following the kick off meeting.
- Achieve goals stated in the work plan. NASHP will provide guidance and technical assistance to help states carry out this plan over the period of technical assistance.
- Maintain a core team of at least 3 members, one of whom has decision-making authority over a significant state health agency, and one of whom represents an entity in the state that could or does provide on-the-ground support to primary care practices for quality improvement and practice transformation.
- Ensure at least 3 core team members participate in the kick-off meeting/North Carolina site visit. [Participation of up to 5 members is encouraged.]
- Cover the expenses associated with the third, and any additional, core team members' participation in the kick-off meeting/North Carolina site visit.
- Participate in all group and individual technical assistance activities as planned, including webcasts, conference calls, and consultation with experts.
- Review NASHP reports and products, as requested.

## ***Application Guidelines***

State-level coalitions should apply in teams of at least three people by completing the application provided. One team member should be a senior state official with decision-making authority over a significant health agency. A second team member should be a representative from the entity responsible for primary care extension in the state. The third team member, and up to two other team members if warranted, may represent the public or private sector, which could include staff from other state agencies, the state legislature, managed care organizations (MCOs), or organizations that represent primary care providers, consumers, or other relevant groups.

Three core team members are expected to attend the Spring 2012 kick-off meeting/North Carolina site visit. Funding is available to cover the travel expenses of two team members. Teams will be responsible for funding the third member. Teams are encouraged to bring up to two additional core team members if appropriate, but will do so at their own expense.

Applications will be assessed on four criteria, keeping in mind that the goal under the IMPaCT grant is to foster the advancement and evaluation of leading state-level primary care practice support efforts that may become models for a potential national primary care extension service:

- **Commitment to advancing policy and practice changes to transform primary care practice for continuous quality improvement:** Strong candidates will demonstrate their commitment to transforming primary care practice and quality of care through policy and practice-level changes. Documentation could include: the existence of relevant legislation, dedicated funding, concept papers, previous projects, or other materials.
- **Multi-sector, state-level collaboration among key stakeholders:** Strong candidates will be able to show prior collaboration among stakeholders, including state agencies and private partners such as physician or non-profit associations. Documentation could include: the existence of a state-level multi-sector coalition or written support from agency leaders or private partners. Key letters of support from participating public and private stakeholders will be evaluated specifically looking at the resources (e.g., personnel, financial, etc.) stakeholders will allocate to achieving the practice transformation goals.
- **Involvement of an entity that could or does serve as a primary care extension service in the state:** Strong candidates will demonstrate active participation by such an entity in the planned practice transformation efforts. Documentation could include: citations to project reports or other documents that highlight previous or ongoing transformation efforts by the organization and a letter of support.

- **Comprehensiveness of improvement strategy:** Strong candidates will demonstrate their interest in and commitment to adopting multiple components of North Carolina's system to maximize impact of policy and practice changes.

To ensure that AHRQ IMPaCT reaches as many states as possible, coalitions in states that already are working with an IMPaCT grantee project are not eligible for this Learning Community. Therefore, coalitions in the following 14 states are ineligible: Arkansas, Colorado, Illinois, Kansas, Kentucky, Missouri, New Mexico, New Jersey, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, and Vermont.

If you have questions about this application process, we are hosting a webinar to provide you with the information you need. The webinar to review the RFA will be on **Thursday, January 5<sup>th</sup>, 2-3pm EDT**. To register for the webinar, please visit:

<https://cc.readytalk.com/r/n83nt60kozlz>

To apply for the Learning Community, please complete the following application electronically and e-mail it to Larry Hinkle at [lhinkle@nashp.org](mailto:lhinkle@nashp.org) by **5 p.m. EDT, Friday, January 27, 2012**. Please answer the questions in no more than four double-spaced pages. We do not need extremely detailed answers to each question, but rather sufficient information to assess your initiative against the criteria listed above. We hope to notify each candidate state of the status of its application no later than **Friday, February 17, 2012**.



## STATE PRACTICE TRANSFORMATION LEARNING COMMUNITY: ADAPTING THE NORTH CAROLINA EXPERIENCE

(MARCH 2012 –JUNE 2013)

### APPLICATION FOR TECHNICAL ASSISTANCE

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Please answer the questions below in no more than four double-spaced pages. We do not need extremely detailed answers to each question, but rather sufficient information to assess your initiative against the criteria listed in the Request for Application instructions.

Please contact Larry Hinkle at [lhinkle@nashp.org](mailto:lhinkle@nashp.org) if you have any questions about the application process. Applications should be submitted by e-mail to [lhinkle@nashp.org](mailto:lhinkle@nashp.org) by **Friday, January 27, 2012, 5 p.m. Eastern.**

#### **Core team**

*The core team should include at least three members: a senior state official with decision-making authority over a significant state health agency, a representative from the entity responsible for primary care extension in the state (e.g., NCAHEC), and one other member of the team's choosing. The third team member may represent the private sector, such as managed care organizations (MCOs), primary care providers, consumers, or organizations that represent any of these groups, or the public sector, including staff from other state agencies and the legislature. Up to two additional team members may be added at the team's discretion.*

#### **Team member 1 (State official, health agency)**

Name:	Phone:
Title:	E-mail:
Agency:	
Assistant (if applicable):	Assistant's e-mail:

#### **Team member 2 (Representative, primary care extension entity)**

Name:	Phone:
Title:	E-mail:
Agency/organization:	
Assistant (if applicable):	Assistant's e-mail:

#### **Team member 3**

Name:	Phone:
Title:	E-mail:
Agency/organization:	

Assistant (if applicable):

Assistant's e-mail:

***Team member 4 (Optional)***

Name:

Phone:

Title:

E-mail:

Agency/organization:

Assistant (if applicable):

Assistant's e-mail:

***Team member 5 (Optional)***

Name:

Phone:

Title:

E-mail:

Agency/organization:

Assistant (if applicable):

Assistant's e-mail:

1. Describe the status of existing efforts to support primary care practice transformation in your state, including any integration with community or public health infrastructure to help support patients and practices.
2. Briefly describe how your state-level team plans to build on these existing efforts and adopt or adapt North Carolina's model to transform primary care practice to engage in continuous quality improvement.
3. Describe the key public and private state-level stakeholders in your state that the team plans to involve in its practice transformation adoption/adaption efforts.
4. Describe the policy and practice changes you plan to achieve through primary care practice transformation.
5. What challenges do you anticipate in implementing a practice transformation initiative in your state?
6. Please describe how technical assistance from the Learning Community could help your team overcome any challenges described above and take advantage of new opportunities.
7. Please confirm that at least three core team members will participate in the Spring 2012 kick-off meeting and site visit, and that your team understands it will be responsible for covering the expenses associated with the participation of the third (fourth and fifth, if applicable) team member(s) in the kick-off meeting and site visit.
8. One core team member must be a senior state official with decision-making authority over a significant health agency. Another core team member must represent the entity that can provide on-the-ground support to primary care practices for quality improvement and practice transformation. Please describe the responsibilities of these members of your team.